

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
1 X25

27907

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 10 1943

Registration District No. 3

Primary Registration District No. 3010

Registrar's No. 252

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
1  
4

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town " "  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST FRANCIS HOSP O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 3 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town BLODGET  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NONE

3. (a) PRINT FULL NAME JAMES DELAYEYETE ROBERTSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31  
year 1943 hour 8 minute P M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife CAROLINE ROBERTSON

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased: APRIL 19 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-21 1943 to 7-31 1943  
that I last saw him alive on 7-31 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 3 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: MIYO CARDITIS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: RED RIVER, TEXAS  
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED MAIL CARRIER

Other conditions: ARTERIOSCLEROSIS  
(Include pregnancy within 3 months of death)

11. Industry or business: U.S. MAIL SERVICE

12. Name: JAMES RANDALL ROBERTSON

13. Birthplace: TENN  
(City, town, or county) (State or foreign country)

14. Maiden name: NO RECORD

15. Birthplace: " "  
(City, town, or county) (State or foreign country)

Major findings: 93d

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: MRS GRACE WILLIAMS

(b) Address: LOS ANGELES, CALIF.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-2-43  
(Month) (Day) (Year)

(c) Place: burial or cremation: BLODGET MO

18. (a) Signature of funeral director: John F. Nunnally

(b) Address: Charleston Mo

19. (a) 8-6-43 (Date received local registrar)

(b) F. W. Phelps (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury: \_\_\_\_\_

23. Signature: Abner (M. D. or other) \_\_\_\_\_

Address: Cape Girardeau Date signed 8/4/43

1014

(Licensed Embalmer's Statement on Reverse Side)

Two

OCT 4 1943

RECEIVED

District Health Officer No. 4  
District File Number 943-2716  
Date Filed 9-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John F. Hummel  
Licensed Embalmer No. 3851  
P. O. Address Charleston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.